## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI ENE	TI OTILO		PAGE 1 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	rataction			FEC IDENTIFICATION NUMBER ▼	
National Nurses United for Patient P	rotection			C C00490375	
Check if 24-hour report 48-hour report	X New rep	port Amends repo		= M / D = D / Y = Y = Y	
Full Name of Payee			Date	of Public Distribution/Dissemination	
UPTE UCLA				05	
Mailing Address 1015 Gayley Ave			Amou	nt	
Suite 301					
City	State CA	Zip Code	Trong	150.00	
Los Angeles	CA	91506		action ID: D734944 of Disbursement or Obligation	
Purpose of Expenditure Site Rental		Category/ Type		05 13 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sough	t: House District: 00	
Bernie Sanders		Oppose	X Preside		
Calendar Year-To-Date Per Election for Office Sought	, , ,	1831.39	Disbursemen 2016	t For:	
Full Name of Payee			Date	of Public Distribution/Dissemination	
National Nurses United				05 16 2016	
Mailing Address 155 Grand Avenue			Amou	nt	
City	State	Zip Code	— I.	200.00	
Oakland	CA	94612		oction ID : D735199 of Disbursement or Obligation	
Purpose of Expenditure Online Ad		Category/ Type		05 / D D D D D D D D D D D D D D D D D D	
Name of Federal Candidate		Support	Office Sough	it: House District:00	
Bernie Sanders		Oppose	X Presid	ent Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	77	1831.39	Disbursemer 2016	t For:	
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			350.00	
350.00					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures			•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl	[Electron	nically Filed] Date	9 05	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	VI EXI END	TIONES		PAGE 2 OF 4 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)  National Nurses United for Patient P	rotoction		I	FEC IDENTIFICATION NUMBER ▼	
National Nuises Officed for Patient P	rotection			C C00490375	
Check if $\times$ 24-hour report 48-hour report $\times$ New report $\times$ Amends report filed on					
Full Name of Payee National Nurses United			M	f Public Distribution/Dissemination	
Mailing Address 155 Grand Avenue			Amoun	05 13 2016 t	
City	State	Zip Code		492.75	
Oakland	CA	94612		action ID : D735200 f Disbursement or Obligation	
Purpose of Expenditure Payroll		Category/ Type	М	05 17 2016	
Name of Federal Candidate		Support	Office Sought	: House District:00	
Bernie Sanders		Oppose	Preside		
Calendar Year-To-Date Per Election for Office Sought	7	1831.39	Disbursement 2016 Ott	For:	
Full Name of Payee National Nurses United			M	f Public Distribution/Dissemination	
Mailing Address 155 Grand Avenue			Amour		
City	State	Zip Code	- [	141.75	
Oakland	CA	94612		ction ID : D735201 If Disbursement or Obligation	
Purpose of Expenditure Payroll		Category/ Type		05 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		X Support	Office Sought	: House District:00	
Bernie Sanders		Oppose	X Preside	nt Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought	7	1831.39	Disbursement 2016 Ot	For:	
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			634.50	
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
(c) TOTAL Independent Expenditures			<u> </u>	7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl	[Electron	nically Filed] Date	9 05	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature					

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	module Ly			FOR	SE OF FORM	24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼				
IN	ational Nurses United for Patient Protection			<b>C</b> C0049	0375			
Che	eck if X 24-hour report 48-hour report A	mends repo	ort filed on	M / D	D / Y = Y	- Y - Y		
T	Full Name of Payee		Date of	of Public Distri	bution/Dissem	ination		
National Nurses United				05 15 2016				
	Mailing Address 155 Grand Avenue	Amou	nt					
-	City State Zip Code	Stata Zin Coda				0.25		
	Oakland CA 94612	•				Transaction ID : D735202  Date of Disbursement or Obligation		
Ī		Category/ Type			D / Y Y	016		
ŀ	Name of Federal Candidate	Support	Office Sough	t: Hou	se District:	00		
	Bernie Sanders	Oppose	X Preside			CA		
Ì	Calendar Year-To-Date	-	Disbursemen		rimary	General		
L	Per Election for Office Sought	9	<sup>2016</sup> O	ther (specify)	<u> </u>			
	Full Name of Payee Autumn Press			of Public Distr				
	Mailing Address 945 Camelia St		IV	05 / 1		016		
	945 Camelia St		Amou	nt				
ŀ	City State Zip Code				82	26.64		
	Berkeley CA 94710-14	94710-1437			Transaction ID: D735203  Date of Disbursement or Obligation			
	Purpose of Expenditure Printing  Category Type		N.		D / Y Y	)16		
ľ	Name of Federal Candidate	Support	Office Sough	t: Hou	use District:	00		
	Bernie Sanders	Oppose	X Preside	ent Ser	nate State:	CA		
	Calendar Year-To-Date Per Election for Office Sought	9	Disbursemen 2016	t For: X F	Primary	General		
(	(a) SUBTOTAL of Itemized Independent Expenditures			7		5.89		
(b) SUBTOTAL of Unitemized Independent Expenditures								
(	(c) TOTAL Independent Expenditures		•	1-7-1-1	-7-	-		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	Martha Kuhl [Electronically Filed]	Data	M M /	17	2016			
	Signature	Date	, 03	ا التنا	2010			

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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	-	FEC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection		C C00490375			
Check if 24-hour report 48-hour report New report	rt Amends report filed	i on Man / Dab / Yayayay			
Full Name of Payee		Date of Public Distribution/Dissemination			
· ·	Alliance Graphics				
Mailing Address 1101 8th Street		Amount			
City State	Zip Code	694.62			
Berkeley CA	CA 94710				
Purpose of Expenditure Printing	Category/ Type	Date of Disbursement or Obligation  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	X Support Office	e Sought: House District:00			
Bernie Sanders		President Senate State: DC			
Calendar Year-To-Date Per Election for Office Sought	694.62 Disb 2016	ursement For:			
Full Name of Payee		Date of Public Distribution/Dissemination			
Mailing Address		Amount			
City State	Zip Code				
		Date of Disbursement or Obligation			
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate	Support Office	e Sought: House District:			
	Oppose	President Senate State:			
Calendar Year-To-Date Per Election for Office Sought	Disb	ursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	·····	2526.01			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	cally Filed] Date	05 17 2016			
Signature					

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